Exanthema associated with Capnocytophaga canimorsus bacteremia

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A 51-year-old healthy sportsman was admitted with a history of transient fever and non-itchy exanthema all over his body, sparing the oral mucosa (Figure 1) (Jordan et al., 2016). His haemodynamic parameters were normal. The patient denied a history of chills, unusual sexual contact, trauma, or tick bites, but reported a recent forest walk and swimming in the river with his dog. The dog, which had remained in good health, had probably caused him a minor injury. With a clinical suspicion of borreliosis (first serology negative), we administered oral doxycycline 100 mg twice daily empirically. The next day he left hospital and we received the results of the blood cultures: *Capnocytophaga canimorsus*. Due to his excellent clinical progress, we continued doxycycline and added amoxicillin–clavulanic acid without switching to intravenous therapy, both for another 3 weeks. There were two reasons for adding another oral antimicrobial drug. The first was the uncertainty regarding the clinical efficacy of oral doxycycline for *Capnocytophaga* bacteremia. Although aminopenicillins are the usual recommended first-line agents for *C. canimorsus* (Jolivet-Gougeon et al., 2007; Sotiriou et al., 2015), numerous reports have stated its susceptibility to doxycycline (Jolivet-Gougeon et al., 2007) and to many other drugs, while most strains remain resistant to polymyxins, fosfomycin, and trimethoprim (Jolivet-Gougeon et al., 2007). The second reason was the limited experience of oral doxycycline for the treatment of bacteremia that has been reported so far in combination with gentamicin for *Bartonella* or *Brucella spp* (Fruchtman et al., 2015). The exanthema, which was different from the usual livedo racemosa seen in *C. canimorsus* sepsis (Sotiriou et al., 2015), disappeared and the

Figure 1. Non-itchy exanthema all over the patient's body, sparing the oral mucosa.

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control serology for *Borrelia* remained negative. The patient has reported being in good health 1.5 years after the infection. We share the photos of the patient's exanthema associated with *C. canimorsus* bacteremia (Jordan et al., 2016).

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Patient consent

The patient consented by signature to the publication of his history and photographs.

Conflict of interest

The authors have no conflict of interest to declare. This publication fulfils the ethical requirements of the Declaration of Helsinki.

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